



BARRINGTON RECREATION DEPARTMENT
105 RAMSDELL LN., P.O. BOX 660 BARRINGTON, NH 03825
PH: 603-664-5224, WWW.BARRINGTON.NH.GOV
OFFICE HOURS MON-FRI 7:30 AM-4:00 PM



2012 LITTLE RECCERS SUMMER CAMP PROGRAM

Who: Pre-K & Kindergarten

Location: Early Childhood Learning Center – Discovery Center

When: Tuesday – Thursday, July 10th – August 9th

Camp Hours: 9:00 a.m. – 12:00 p.m.

PROGRAM: The Barrington Recreation Department invites you to join us at our new summer camp for Pre-K and Kindergarten children. The Little Reccers Summer Camp Program is designed for children 4 years old (must be 4 by 9/30/12), children 5 years old (must be 5 by 9/30/12) and children 6 years old. Our daily program is full of activities that will excite and entertain your summer camper. A few of the activities planned for the summer are; process art, gross motor games, music, arts & crafts and Storytime with Miss Wendy.

OUR TEAM: This program will be run by our Discovery Center staff, Sandie Beers and Tracy Dubois as well as some additional staff. Our team is comprised of a collection of qualified, outgoing, and fun individuals who share their passion for recreational and educational programs with the community they serve. They are a group of very caring individuals who work together to create the best programs for you, and your community.

WHO IS LITTLE RECCERS CAMP DESIGNED FOR: Little Reccers Camp is designed for children who are entering Pre-K or Kindergarten. Campers must be 4, 5 or 6 years of age by September 30th, 2012.

DATES OF PROGRAMS: Little Reccers Camp is a 5-week program beginning Tuesday, July 10th & the last day of camp will be Thursday, August 9th. Camp is held every Tuesday, Wednesday and Thursday morning from 9:00a.m. to Noon.

PAYMENT PROCESS: \$100 DUE AT REGISTRATION. PAID IN FULL BY JUNE 1ST

COST OF CAMP:

<u>Resident</u> - Cost of Camp If Register Prior to June 2nd \$200 for 5 wks \$50 for 1 wk	<u>Resident</u> - Cost of Camp If Register After June 2nd \$275 for 5 wks \$100 1 wk
<u>Non-Resident</u> - Cost of Camp If Register Prior to June 2nd \$300 for 5 wks \$150 for 1 wk	<u>Non-Resident</u> - Cost of Camp If Register After June 2nd \$350 for 5 wks \$200 for 1 wk

A DAY IN THE LIFE OF A TYPICAL CAMPER

(Times subject to change)

To give you a sense of an exciting day camp program, let's take a look at a day in the life of a typical camper.

9-9:15	9:15-9:30	9:30-10	10-10:30	10:30-11	11-11:30	11:30-12	12:00
Arrival/Free Play	Morning Meeting	Art Activity #1	Snack & Sunscreen	Art Activity #2	Water Play	Playground	Pick-Up

HOW TO REGISTER: Registration begins March 13th at 10:30 a.m. at the Town Gym. Registration Packets can be found on our website or at the Recreation Office. Please register early, space is limited.



Barrington Recreation Program Registration Form

(603) 664-5224 RecDept@barrington.nh.gov

105 Ramsdell Lane Barrington, NH 03825

Mailing Address: P.O. Box 660 Barrington, NH 03825

PARTICIPANTS 18 YEARS OF AGE AND OVER: Please fill out sections 1, 2, 5, 6 & 8

PARTICIPANTS UNDER 18 YEARS OF AGE: Please fill out sections 1 through 8

1 Program Registration Information

Program Name: _____

Please make check payable to BARRINGTON RECREATION DEPARTMENT Mail to: P.O. Box 660 Barrington, NH 03825

|| Office Use Only ||

Date Received: / /

Total Paid: \$

check#

or cash (circle)

rec'd by:

2 Participant Information

Participant Name: _____

E-mail: _____

Mailing Address: _____

Phone #: _____

Town: _____ State: _____ Zip Code: _____

3 Minor Child information

Birth Date: _____ Age: _____ Current Grade: _____ Gender: M / F

Shirt Size (circle one): YS(6/8) YM(10/12) YL(14/16) AS AM AL AXL

Additional Information: _____

4 Parent/Guardian Information

Parent/Guardian: _____

E-mail: _____

Mailing Address: _____

Home Phone #: _____

Town: _____ State: _____ Zip Code: _____

Work Phone #: _____

Cell Phone #: _____

5 Medical Information/Emergency Contact Information

Participant's Doctor: _____

Phone #: _____

Participant's Dentist: _____

Phone #: _____

Medical Info/Conditions/Allergies: _____

Emergency Contact (other than self, parent or guardian): _____ Phone #: _____ Relationship: _____

6 Photo Release Authorization

Occasionally, photographs or video will be taken of the participant in this program. These photographs or videos may be selected for use in town and/or recreation department publications including it's website. However, we will not identify participant by name or release any other personal information.

(check one) _____ I GIVE MY PERMISSION or _____ I DO NOT GIVE MY PERMISSION for participant to be photographed.

7 Parent/Guardian Involvement (IF APPLICABLE TO PROGRAM)

WE NEED YOUR HELP to make our program successful from year to year. If not enough parents/guardians volunteer, this program will be in danger of cancellation.

NO EXPERIENCE IS NECESSARY for anyone wishing to coach - several training sessions are provided for gameplay and coaching techniques.

PLEASE VOLUNTEER FOR ONE OR MORE OF THE FOLLOWING ROLES:

_____ COACH (Responsible for organizing team effort, skills and play as well as keeping parents informed and involved)

_____ Assistant COACH (Assist coach with assigned team)

_____ Field/Gym Supervisor (Has first aid kit/Makes sure equipment is put away/Reports any problems or concerns to Recreation Department)

8 Liability Release Waiver and Authorization Information

The above named participant or minor child in section 1 of this form (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the parent/guardian. I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to indemnify and hold the Town of Barrington and all their officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR ITS OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

(Minor child participant only): In the event I cannot be reached in an emergency of requiring medical attention for the above named child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below.

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in section 8. My responses are complete and accurate to the best of my knowledge and I agree to abide and be bound by this document.

Participant/Parent/Guardian Signature: _____

Date: _____

Barrington Recreation Department

Little Reccers Summer Camp Payment Information Sheet

Please make checks payable to Barrington Recreation Department

Please print neat & clearly.

Child Participant Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____ City: _____

Phone Number: _____

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Please check the appropriate box(s) below

Week	Camp	Pre Camp	Post Camp
All 5 Weeks			
Camp Week One (7/10-7/12)			
Camp Week Two (7/17-7/19)			
Camp Week Three (7/24-7/26)			
Camp Week Four (7/31-8/2)			
Camp Week Five (8/7-8/9)			

DO NOT WRITE BELOW THIS LINE

*****OFFICE USE ONLY*****

PAYMENT STATUS

Total Due: _____

☐ \$100 deposit due at Registration Cash (Receipt #) _____ Check # _____

☐ paying the entire balance now \$ _____ Cash (Receipt #) _____ Check # _____

Additional Payments

Date: _____ \$ _____ Cash _____ Check # _____ Comments: _____

Date: _____ \$ _____ Cash _____ Check # _____ Comments: _____

Barrington Recreation Department
Pick Up Permission Slip

Program Name: _____

In the event that you cannot pick up your child(ren) from the program listed above, we need to have the names of the individuals we can release your child to on file.

The adult that picks up your child MUST bring PHOTO ID with them or they will NOT be able to pick up your child.

Please print in clear & legible handwriting! ☺

Participant's Name: _____

Mother's Name/Phone #: _____

Father's Name/Phone #: _____

Adults Full Name List below all adults that have permission to pick up your child. Besides parents, ONLY the adults you list below have permission to pick up your child.	Relationship to Child	Phone #
1		
2		
3		
4		
5		
6		
7		

Parent/Guardian Signature: _____ Date: _____

Barrington Rec Summer Camp Consent Form

Camper's Name: _____ Grade: _____

Authorization to apply Sunscreen

I authorize the Barrington Recreation Summer Camp staff Camp to apply only sunscreen I provide to the above-named child. I will label provided sunscreen with my child's name.

Signature of Parent or Guardian Date

Authorization to view G Movies Only

I give my permission for the above-named child to watch G movies only during the summer program.

Signature of Parent or Guardian Date

Authorization to view G/PG Movies

I give my permission for the above-named child to watch G or PG movies only during the summer program.

Signature of Parent or Guardian Date

Authorization to participate in Off-Site Walks

I give my permission for the above-named child to participate in supervised off-site walks within a one mile area surrounding the Barrington Recreation Summer Camp base location.

Signature of Parent or Guardian Date

BEHAVIORAL MANAGEMENT POLICY

Town of Barrington Recreation Department

Parent/Guardian and participating child must read, understand and sign this form.

Discipline will be constructive in nature and include techniques such as:

1. Using limits that are fair, consistently applied, appropriate and understandable to your child's level
2. Providing your child with reasons for limits
3. Giving positively worded directions and redirecting your child to acceptable behavior
4. Helping your child to constructively express his/her feelings and frustrations to resolve conflict

The program staff will not use any type of physical or verbal abuse as a disciplinary measure.
The following are the offenses and consequences that will be taken.



OFFENSES:	1 st	2 nd	3 rd	4 th	5 th
Drugs, Alcohol and/or Weapons	Immediate Expulsion from program NO REFUND				
Stealing	Write Up Parents notified 2 day suspension *Damage restitution	Expulsion from Program *Damage restitution NO REFUND			
Willful destruction of property*					
Found out of program boundaries					
Physical Fighting					
Bullying (Physical or verbal)	Write Up Parents notified *Damage restitution	Write Up Parent notification *Damage restitution 2 day suspension NO REFUND	Expulsion from Program *Damage restitution NO REFUND		
Cursing					
Careless damage to REC or School property*	Verbal Warning Apology Letter	Write Up Parents notified	Write Up Parents notified 2 day suspension NO REFUND	Expulsion from program NO REFUND	
Disrespect of staff					
Endangering another person's well being	Verbal Warning	Write Up Parents notified	Write up Parents notified Discussion of suspension	Write Up Parents notified 2 day suspension NO REFUND	Expulsion from program NO REFUND
Inappropriate Language					
Breaking Playground Rules					
Breaking Program Rules					

Bullying = Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject or exclude someone).

Endangering another person's well being = includes but not limited to – hitting, biting, kicking, slapping, hazing

Breaking Program Rules – includes but not limited to defiance, uncooperativeness, insubordination, unruliness

I have read and understand the above policy. I assume the responsibility for insuring that my child is aware of this policy and the consequences of his/her actions should there be any such offense.

Parent/Guardian Signature:	Date:
Participant Name:	Age:
Participant Signature:	Date: